

**POINTS OF CONTACT FOR
PERSONAL PROPERTY CLAIMS INQUIRY AT HQMC**

HQ, USMC
Manpower & Reserve Affairs (Code MRP2)
3280 Russell Road
Quantico, VA 22134-5103

Voice: (703) 784-9533 or DSN: 278-9533
Fax: (703) 784-9827 or DSN: 278-9827

MRM CLAIMS SERVICE
Mr. D. W. Brown, Head

ADMINISTRATION UNIT
Sergeant R. Meade, Admin Chief

All regional areas for claim inquiries, receipt date of claims and request for claim packets

ADJUDICATION UNIT
Ms. Myra Elder, Unit Head

Claimants inquiring on their personal property claim should contact POC from their geographical region listed below:

POC	REGION	GEOGRAPHICAL AREA	STATE NAMES
Mr. Joe Gyomory Mr. Sid Harris	I	All States East of the Mississippi River	AL, CT, DC, DE, FL, GA, IN, IL, KY, MA, MD, ME, MI, MS, NC, NH, NJ, NY, OH, PA, RI, SC, TN, VA, VT, WI, WV
Ms. Linda Quille Ms. Jennifer Durand	II	All States West of the Mississippi River	AR, AZ, CA, CO, IA, ID, KS, LA, MN, MO, MT, ND, NE, NM, NV, OK, OR, SD, TX, UT, WA, WY
Vacant	III	All oversea areas where Marines are stationed	AK, HI, Overseas areas and U.S. Possessions

CARRIER RECOVERY UNIT
Ms. Pat Campbell, Unit Head

Lance Corporal Overton-Miller, Admin Clerk

Claimants inquiring on their personnel claim for disposal of damaged personal effects to the carrier contact POC below:

POC	REGION	GEOGRAPHICAL AREA OF CLAIMANT
Ms. Lanetta Gibson Ms. Geraldine Nelson	All	All geographical areas for transportation claims

CLAIMANT'S PERSONAL PROPERTY CLAIMS PROCESS/CHECKLIST

All Marine Corps personnel claims are processed under the provisions of the Military Personnel & Civilian Employees' Claims Act, 31 U.S.C., Section 3721 (1988). The Navy regulation implementing this Act is JAGINST 5890.1 (Encl (5)) of 17 Jan 91.

Notice of Loss or Damage. The claimant is required to take exceptions and note any loss or damage at time of delivery on the DD Form 1840. Later discovered damage must be noted on the DD Form 1840R and delivered to the Claims Office/TMO within 70 days of the HHG delivery date. Failure to take exceptions at delivery and to report the later discovered damages will result in a deduction of any loss Potential Carrier Recovery (PCR) from payment of the claim. Failure to note items missing at time of delivery may result in denial of claim for those items.

Statute of Limitations. A claim must be presented in writing to a military installation within 2 years after it accrues (i.e., date of delivery of personal property). This requirement is statutory and may not be waived except if claim accrues during armed conflict, or armed conflict intervenes before the 2 year period, and good cause is shown.

Claims Process. After the claim is filed and all documentation has been presented, the claim file is processed at a Marine Corps Decentralized Claims Office with adjudication/settlement authority up to \$1000.00 and \$2500.00 for transportation claims. All other claims are forwarded to HQMC (MRM Claims) for adjudication/settlement. Claimant should receive a post card from MRM Claims acknowledging receipt of your claim. After the claim is approved, you will receive a copy of the adjudicated DD Form 1844, outlining the amount allowed with explanation for each item claimed. Claimant will be advised of the method of payment (Electronic funds transfer (EFT) by DFAS-KC into his/her direct deposit account or if separating or separated payment will be by check).

Appeal Process. If additional information or evidence is available which could have a bearing on the claim, claimant may send a request for reconsideration within 6 months from the date of your settlement notice to the Commandant of the Marine Corps (MRM Claims), Headquarters, U.S. Marine Corps, 3280 Russell Road, Quantico, VA 22134-5103.

THIS MANDATORY CHECKLIST IS PART OF THE CLAIMANT'S CLAIM PACKET SUBMISSION

Check	CLAIMANT DOCUMENTATION REQUIRED TO PROCESS A PERSONAL PROPERTY CLAIM
	DD Form 1840 and DD Form 1840R (reverse side of the DD 1840), Joint Statement of Loss or Damage at Delivery and the Notice of Loss or Damage , (PLEASE note the 70 day deadline to complete and turn-in of the DD Form 1840R to the local TMO or any Service Claims Office). Amount allowed on the claim <u>will</u> be reduced if any item claimed is <u>not</u> on the DD Form 1840/1840R or if DD Form 1840R is NOT DISPATCHED by the TMO to the carrier within 75 days from the date of delivery of claimant's household goods/shipment
	DD Form 1842, Claim for Loss of or Damage to Personal Property Incident to Service
	DD Form 1844, List of Property and Claims Analysis Chart
	Orders authorizing shipment/storage (with amendments)
	Government Bill of Lading (GBL). Note: Claims Investigating Officer, please obtain from TMO/Carrier.
	Pick-up Inventory, please provide readable copies
	Receipts, paid bills, canceled checks, photographs, charge-card receipts/bills, etc., to substantiate ownership/value of items claimed.
	Estimates of repair to item(s).
	Substantiation of Replacement Cost to item(s).
	Statement of Private insurance Coverage Copies of any claims, correspondence with insurer.
	Copy of PMO Incident Report or other independent verification the events occurred as alleged (For nontransportation claims).
	Electronic Funds Transfer (EFT) Form, mandatory requirement for claims payment.

I acknowledge that I have read this mandatory claim process/checklist. I understand that I must submit my claim within 2 years from the date of delivery of my household goods. I have checked the above items that are included in my claim package. I also understand that any documentation missing from my checklist may cause a delay in my claim process

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PRINT CLAIMANT NAME

RANK

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CLAIMANT'S SIGNATURE

DATE

**CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE
DD FORM 1842**

ITEM NO.	CLAIMANT IS RESPONSIBLE FOR COMPLETING ITEMS 1 THROUGH 18
1. Name of Claimant	Last Name, First Name, Middle Initial
2. Branch of Service	USMC (Claims filed by other Service members are to be forwarded to their respective Service).
3. Rank or Grade	*Rank or Grade of Claimant
4. Social Security Number	*SSN of Claimant
5. Home Address	Street, City, State & Zip Code (If paid by check, check will go to this address).
6. Current Military Address	State full military address
7. Home Phone Number	Area Code & telephone number
8. Duty Telephone Number	DSN and include the Area Code
9. Amount Claimed	Total claim amount (Same total amount as shown on your DD Form 1844, block 13).
10. Circumstances of Loss or Damage	Explain in <u>detail</u> , including dates, places, and <u>all</u> relevant facts (i.e., HHG picked up on 3 Jan 98 by XYZ Van Lines, GBL #DW.123.345; delivered 1 Feb 98 by ABC Moving Co...etc).
11. Did You Have Private Insurance?	This includes <u>any</u> insurance coverage, to include USAA, Armed Forces Co-op, State Farm, etc. Homeowners, Renters, Transit. Claimant <u>must</u> file a claim with the Private Insurer prior to or concurrently with the claim against the Government
12. Have You Made a Claim Against a Private Insurer?	If claim has been filed, attach copy of claim and all correspondence.
13. Was a Carrier or Warehouse Firm involved, Paid You or Repaired any Property?	If yes, indicate which items from your DD Form 1844.
14. Did any of the Claimed Items belong to the Government or Someone other than you or Your Family Member?	If yes, indicate which items from your DD Form 1844.
15. Were any of the Claim Items acquired or held for Sale, or acquired or used in a Private Professional Business?	If yes, indicate which items from your DD Form 1844.
16. Under Penalty of Law, I declare the following as part of Submitting My Claim?	Any recovered missing property <u>must</u> be reported to HQMC (Code MRP-2). By filing this claim, all rights, interest against a carrier, insurer, or other person for loss/damage are assigned to the U.S. and gives authority for your private insurance to release information concerning your insurance. Authority is given to the U.S. to withhold from your pay or accounts for any payments made to you by a carrier, insurer, or other person to the extent you are paid on this claim, and for any payment made in reliance on information which determined to be incorrect or untrue; you have <u>not</u> made any other claim against the U.S. for this incident; you understand that if any information provided in this claim is false you can be prosecuted.
17. Signature of Claimant	<u>Must be signed by the Claimant, or a legal representative With a Power of Attorney.</u>
18. Date DD Form 1842 Signed	Month, Day, Year signed

*Note: If the claim is filed by legal representative and signed with a power of attorney, claim must still be filed in the name of the USMC Claimant with his or her rank/grade and SSN.

**LIST OF PROPERTY AND CLAIMS ANALYSIS CHART
DD FORM 1844**

ITEM NO.	CLAIMANT IS RESPONSIBLE FOR COMPLETING ITEMS 1 THROUGH 13
1. Name of Claimant	Enter Last Name, First Name, Middle Initial
2. Claimant's Insurance Co	
a. Name of Insurance Company	If Claimant has private insurance, the name of the insurance company is entered (i.e., USAA, Armed Forces Co-op, State Farm, etc). <u>Note</u> : A claim <u>must</u> be filed with the private insurer prior to, or concurrently with the Government claim.
b. Policy Number	Policy number of the applicable insurance policy
3. Date of pickup	Date the property was picked up at shipment origin from the Claimant or the Claimant's agent
4. Date of Delivery	Date the property was delivered to the Claimant or the Claimant's agent
5. Line Number	This should reflect each line item claimed, numbering the items in sequence (i.e., 1, 2, etc.)
6. Quantity	Number of items claimed (i.e., 2 end tables, 1 coffee table, etc.)
7. Damaged or Lost Items	State in as much detail as possible the brand name, model, size, finish, type, style, and year of manufacturer, as appropriate. When an item is missing, state " <u>Missing</u> " and where damaged is claimed, give a detailed description of the damage. <u>NOTE</u> : Estimate fees, and/or pickup and delivery fees to and from the repair shop, are to be listed as separate line items.
8. Inventory Number	Enter inventory number as shown on the pick-up (origin) inventory. Where items are packed in a carton, enter the carton inventory number, even where only part of the contents of the carton are claimed. <u>EACH ITEM LISTED MUST HAVE AN INVENTORY NUMBER. DO NOT ENTER UNKNOWN FOR THE INVENTORY NUMBER</u>
9. Original Cost	Purchase price of the item <u>must</u> be indicated; where more than one item is on the line, enter total purchase price. If item is a gift, the value of the item at the time received <u>must be stated</u>
10. MM/YY Purchased	Enter the month and year purchased. If item is a gift, enter the month and year purchased, if unknown, enter the month and year received.
11. Amount Claimed	
a. <u>Repair Cost</u>	State the cost of the repair for each <u>separate</u> line item. If an estimate of repair or repair bill includes more than one item, the estimate or bill <u>must</u> be itemized to reflect actual cost for <u>each</u> and that amount is entered. If repair estimate or bill covers repair of both old or new damage, it must be itemized to show a separate cost for each on Letterhead paper (showing name, address, and phone number of repair firm) and signed by the repairman.
b. <u>Replacement Cost</u>	Enter the price for replacement of missing or unrepairable items. Amount must be for a new item identical or substantially similar to the missing or unrepairable item. If the replacement cost exceeds the purchase price, written replacement cost from a reputable firm must be submitted for the higher replacement cost to be considered.
12. Remarks	This space is for Claimant to provide any additional information regarding the claim items
13. <u>Total Amount Claimed</u>	On the last page of Claimant's DD Form 1844, enter the <u>total amount</u> on the claim. This amount, in turn, <u>must</u> be entered on the DD Form 1842, block 9.
Page ___ of ___ Pages	Number each page on the DD Form 1844 showing the total number of pages submitted (i.e., "Page 1 of 3 Pages, Page 2 of 3 Pages, Page 3 of 3 Pages"). This action from the Claimant will help prevent the claim from being adjudicated with missing pages.

ELECTRONIC REPAIR FORM

MUST BE COMPLETED BY A REPAIRMAN FROM AN AUTHORIZED REPAIR FACILITY

The Personal Property Claims Office must determine whether listed item below was caused by the item being dropped or mishandled in shipment, or whether the damage was due to fair wear and tear or a manufacturer's defect.

OWNER'S NAME: _____ HHG DELIVERY DATE: _____

ITEM EXAMINED: _____ MAKE: _____

Model: _____ Year: _____

1. **EXTERNAL DAMAGE.** There ___ (was) ___ (was not) external damage to the item.

a. I ___ (was) ___ (was not) able to determine the cause of the external damage. To the best of my knowledge and belief, damage was caused by: _____

_____ Location of damage: _____

b. I came to this conclusion because: _____

2. **INTERNAL DAMAGE.** There ___ (was) ___ (was not) internal damage caused by shipment:

CIRCLE ONE: (1) Definitely (2) Probably (3) Cannot Tell (4) No

a. I ___ (was) ___ (was not) able to determine the cause of the internal damage. To the best of my knowledge and belief, damage was caused by: _____

_____ Location of damage: _____

b. I came to this conclusion because: _____

3. I estimate the cost of repairing this damage in:

a. Parts:	\$
b. Parts:	\$
c. Parts:	\$
d. Subtotal of replacement parts:	\$
e. Cleaning or Other Service Charges:	\$
f. Labor: No. Hours: @Hourly Rate of:	\$
g. Taxes: Tax Rate of:	\$

TOTAL \$ _____

AUTHORIZED REPAIR FACILITY

Facility name:	
Address:	Telephone No.
Print Repairman's Name:	Years of Experience:
Repairman's Signature:	Date:

COMPUTER REPAIR FORM

(MUST BE COMPLETED BY A REPAIRMAN FROM AN AUTHORIZED REPAIR FACILITY)

The Personal Property Claims Office must determine whether listed item below was caused by the item being dropped or mishandled in shipment, or whether the damage was due to fair wear and tear or a manufacturer's defect.

OWNER'S NAME: _____ HHG DELIVERY DATE: _____

ITEM EXAMINED: _____ MAKE: _____

Model: _____ Year: _____

- | | |
|--|------------------------------------|
| a. Processor Type and Speed: _____ | e. Video Card Type: _____ |
| b. Hard Drive Capacity: _____ | f. CD ROM Drive, Type/Speed: _____ |
| c. RAM Capacity: Internal: _____ External: _____ | g. Monitor Size/type: _____ |
| d. Sound Card Type: _____ | h. Other: _____ |

1. **EXTERNAL DAMAGE.** There ___ (was) ___ (was not) external damage to the item.

a. I ___ (was) ___ (was not) able to determine the cause of the external damage. To the best of my knowledge and belief, damage was caused by: _____

b. I came to this conclusion because: _____

Damage Located at : (1) __ Front (2) __ Back (3) __ Right Side (4) __ Left Side (5) __ Top (6) __ Bottom

2. **INTERNAL DAMAGE.** There ___ (was) ___ (was not) internal damage caused by shipment:

CIRCLE ONE: (1) Definitely (2) Probably (3) Cannot Tell (4) None

a. I ___ (was) ___ (was not) able to determine the cause of the internal damage. To the best of my knowledge and belief, damage was caused by: _____

_____ Location of damage: _____

b. I came to this conclusion because: _____

3. I estimate the cost of repairing this damage in:

a. Parts:	\$
b. Parts:	\$
c. Parts:	\$
d. Subtotal of replacement parts:	\$
e. Cleaning or Other Service Charges:	\$
f. Labor: No. Hours: @Hourly Rate of:	\$
g. Taxes: Tax Rate of:	\$

TOTAL:
\$ _____

AUTHORIZED REPAIR FACILITY

Facility Name:	
Address:	Telephone No.
Print Repairman's Name:	Years of Experience:
Repairman's Signature:	Date:

CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE

PART I - TO BE COMPLETED BY CLAIMANT *(See reverse side for Privacy Act Statement and Instructions.)*

1. NAME OF CLAIMANT <i>(Last, First, Middle Initial)</i>	2. BRANCH OF SERVICE	3. RANK OR GRADE	4. SOCIAL SECURITY NUMBER
5. HOME ADDRESS <i>(Street, City, State and Zip Code)</i>		6. CURRENT MILITARY DUTY ADDRESS <i>(if applicable) (Street, City, State and Zip Code)</i>	
7. HOME TELEPHONE NO. <i>(Include area code)</i>	8. DUTY TELEPHONE NO. <i>(Include area code)</i>	9. AMOUNT CLAIMED	
10. CIRCUMSTANCES OF LOSS OR DAMAGE <i>(Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)</i>			
11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? <i>(E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)</i>			YES NO
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? <i>(If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)</i>			
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? <i>(If "Yes," attach a copy of your correspondence with the carrier of warehouse firm.)</i>			
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? <i>(If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)</i>			
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? <i>(If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)</i>			
16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM: If any missing items for which I am claiming are recovered, I will notify the office paying this claim. <i>(For shipment claims.)</i> Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind. I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; authorize my insurance company to release information concerning my insurance coverage. I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.			
17. SIGNATURE OF CLAIMANT <i>(or designated agent)</i>			18. DATE SIGNED <i>(MMDDYY)</i>

PART II - CLAIMS APPROVAL *(To be completed by Claims Office)*

19. PROCEDURE <i>(X one)</i>	20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated:		\$
a. SMALL CLAIMS b. REGULAR CLAIMS			
21. SIGNATURES <i>(Signatures at a and c not required if small claims procedure is utilized.)</i>			
a. CLAIMS EXAMINER	b. DATE SIGNED <i>(MMDDYY)</i>	c. REVIEWING AUTHORITY	d. DATE SIGNED <i>(MMDDYY)</i>
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY		f. SIGNATURE OF APPROVING AUTHORITY	g. DATE SIGNED <i>(MMDDYY)</i>

Privacy Act Statement

AUTHORITY: 31 U.S.C. 3721, and EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSE: Filing, investigation, processing and settlement of claims for losses incident to service.

ROUTINE USES:

- a. Information is principally used to provide a legal basis for the administrative payment of claims against the Government. Information is also used in connection with:
 - (1) Recovery from common carriers, warehouse firms, insurers and other third parties.
 - (2) Collection from claimants of improper payments or overpayments.
 - (3) Investigation of possible fraudulent claims.
 - (4) Possible criminal prosecution by the Department of Justice or other agencies if fraud is established.
- b. Social Security Numbers are used to assure correct identification of claimants in order to assure payment to

DISCLOSURE: Voluntary, however, failure to supply information will cause delay in settlement and may result in denial of a portion or all of the claim.

INSTRUCTIONS TO CLAIMANTS

1. You must submit your claim in writing within two years of the date of the incident giving rise to the claim. This two year time limitation may not be waived.

2. The claimant or an authorized agent must complete and sign Part I of this form, answering all questions. If the claim is signed by an agent (*such as spouse*) or a survivor of a deceased proper claimant, that person must have a document showing his or her authority to present the claim, such as a power of attorney, etc.

3. If the claim is for property lost or damaged while being shipped or stored pursuant to travel orders, submit copies of your orders and all shipping documents, including your inventory and your "Joint Statement of Loss or Damage at Delivery/Notice of Loss or Damage," DD Forms 1840/1840R. If you notice damage after delivery, you must complete the DD Form 1840R and get it to the Claims Office within 70 days after delivery.

4. You may obtain further information from a Claims Office.

5. You are entitled to claim the following:

a. Reasonable local repair cost, if an item can be economically repaired. (*You may claim small amounts without an estimate. Otherwise, submit an estimate of repair from a repair firm or, if repairs have been completed, your receipt. The claims office may waive this in appropriate cases.*)

b. Reasonable local replacement cost if an item is missing, destroyed, or not economic to repair. (*Replacement costs may be obtained from commercial catalogs or a military exchange. If you cannot find the item in a catalog or the exchange and the cost is more than \$100.00, obtain a statement from a commercial firm for the cost of a similar item. If you have purchase receipts, bring these to the Claims Office as well.*)

c. Reasonable cost of obtaining local estimates of repair, if the cost of such estimates will not be credited if repair work is done. (*Normally, you may not claim appraisal fees.*)

PART III - DENIAL OR SUPPLEMENTAL PAYMENT *(To be completed by Claims Office)*

23. DENIAL *(X if applicable)*

The claim is not cognizable or meritorious under 31 U.S.C. 3721 and the applicable provisions of the controlling departmental regulation, and is denied.

24. SUPPLEMENTAL PAYMENT *(X and complete if applicable)*

The claim is cognizable or meritorious under 31 U.S.C. 3721, and the following additional award is substantiated:

\$

25. SIGNATURES

a. CLAIMS EXAMINER	b. DATE SIGNED (MMDDYY)	c. REVIEWING AUTHORITY	d. DATE SIGNED (MMDDYY)
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26. APPROVING / SETTLEMENT AUTHORITY *(Settlement Authority is required for denial.)*

a. TYPED NAME AND GRADE	b. SIGNATURE	c. DATE SIGNED (MMDDYY)
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1. NAME OF CLAIMANT (Last, First, Middle Initial)			3. PICK-UP DATE (YYYYMMDD)		LIST OF PROPERTY AND CLAIMS ANALYSIS CHART (Items 14 through 31 to be filled out by Claims Office)													
2. CLAIMANT'S INSURANCE COMPANY (if applicable)			4. DELIVERY DATE (YYYYMMDD)		14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET WT/MAX CAR							
a. NAME		b. POLICY NO.																
5. LINE NO.	6. QTY	7. LOST OR DAMAGED ITEMS <i>(Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")</i>		8. INV NO.	9. ORIGINAL COST	11. AMOUNT CLAIMED a. Repair Cost (or) b. Replacement Cost		15. INVENTORY DATE (YYYYMMDD)		18. EXCEPTION SHEET DATE (YYYYMMDD)		23. GBL NUMBER		24. LOT NUMBER				
					10. MM/YYYY PURCHASED			16. EXCEPTIONS		19. INV NO.	20. EXCEPTIONS		25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS		27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY
12. REMARKS				13. TOTAL		\$				30. TOTAL AMOUNT ALLOWED		\$		31. THIRD PARTY LIABILITY		\$		\$

1. NAME OF CLAIMANT (Last, First, Middle Initial)			3. PICK-UP DATE (YYYYMMDD)		LIST OF PROPERTY AND CLAIMS ANALYSIS CHART (Items 14 through 31 to be filled out by Claims Office)												
2. CLAIMANT'S INSURANCE COMPANY (if applicable)			4. DELIVERY DATE (YYYYMMDD)		14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET WT/MAX CAR						
a. NAME		b. POLICY NO.															
5. LINE NO.	6. QTY	7. LOST OR DAMAGED ITEMS <i>(Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")</i>		8. INV NO.	9. ORIGINAL COST	11. AMOUNT CLAIMED a. Repair Cost (or) b. Replacement Cost		15. INVENTORY DATE (YYYYMMDD)		18. EXCEPTION SHEET DATE (YYYYMMDD)		23. GBL NUMBER		24. LOT NUMBER			
					10. MM/YYYY PURCHASED			16. EXCEPTIONS		19. INV NO.	20. EXCEPTIONS		25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY
12. REMARKS				13. TOTAL		\$				30. TOTAL AMOUNT ALLOWED		\$		31. THIRD PARTY LIABILITY		\$	